

## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail**

**Mail Stop ISSUE FEE**  
**Commissioner for Patents**  
**P.O. Box 1450**  
**Alexandria, Virginia 22313-1450**  
**or Fax (703) 746-4000**

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

25227 7590 07/01/2004

MORRISON & FOERSTER LLP  
 1650 TYSONS BOULEVARD  
 SUITE 300  
 MCLEAN, VA 22102



Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

## Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

(Depositor's name)
(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/986,105	11/07/2001	James R. Mansfield	38079.0016	4906

TITLE OF INVENTION: HYPERSPECTRAL IMAGING CALIBRATION DEVICE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$300	\$965	10/01/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
IMAM, ALI M	3737	600-407000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Morrison & Foerster LLP  
 1 \_\_\_\_\_  
 2 \_\_\_\_\_  
 3 \_\_\_\_\_

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

HyperMed, Inc

Watertown, MA 02472

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

## 4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☒ Publication Fee 12
- ☒ Advance Order - # of Copies

## 4b. Payment of Fee(s):

- ☐ A check in the amount of the fee(s) is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☒ The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 03-1952 (enclose an extra copy of this form).

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature) (Date) 22  
 James R. Mansfield, Reg No 36,902 July 21, 2004

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.

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07/23/2004 EAREGAY2 00000051 031952 09986105  
 01 FC:2501  
 02 FC:1504 665.00 DA  
 03 FC:8001 300.00 DA  
 36.00 DA

TRANSMIT THIS FORM WITH FEE(S)



PTO/SB/17 (10-03)  
Approved for use through 7/31/2006. OMB 0651-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE  
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL for FY 2004 <small>Effective 10/01/2003. Patent fees are subject to annual revision.</small>		Complete if Known		
		Application Number	09/986,105	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	November 7, 2001	
		First Named Inventor	J. R. MANSFIELD	
		Examiner Name	A. M. Imam	
TOTAL AMOUNT OF PAYMENT (\$)		1,001.00	Attorney Docket No.	544492000500
METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)		
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None		3. ADDITIONAL FEES		
<input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP The Director is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s) <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.		Large Entity Small Entity Fee Fee Fee Fee Code (\$) Code (\$) Fee Description Fee Paid		
1. BASIC FILING FEE		1051 130 2051 65 Surcharge - late filing fee or oath		
Large Entity Small Entity Fee Fee Fee Fee Code (\$) Code (\$) Fee Description Fee Paid		1052 50 2052 25 Surcharge - late provisional filing fee or cover sheet.		
1001 770 2001 385 Utility filing fee		1053 130 1053 130 Non-English specification		
1002 340 2002 170 Design filing fee		1812 2,520 1812 2,520 For filing a request for ex parte reexamination		
1003 530 2003 265 Plant filing fee		1804 920* 1804 920* Requesting publication of SIR prior to Examiner action		
1004 770 2004 385 Reissue filing fee		1805 1,840* 1805 1,840* Requesting publication of SIR after Examiner action		
1005 160 2005 80 Provisional filing fee		1251 110 2251 55 Extension for reply within first month		
SUBTOTAL (1) (\$) 0.00		1252 420 2252 210 Extension for reply within second month		
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE		1253 950 2253 475 Extension for reply within third month		
Total Claims -20** = Extra Claims Fee from below Fee Paid		1254 1,480 2254 740 Extension for reply within fourth month		
Independent Claims -3** =		1255 2,010 2255 1,005 Extension for reply within fifth month		
Multiple Dependent		1401 330 2401 165 Notice of Appeal		
Large Entity Small Entity Fee Fee Fee Fee Code (\$) Code (\$) Fee Description Fee Paid		1402 330 2402 165 Filing a brief in support of an appeal		
1202 18 2202 9 Claims in excess of 20		1403 290 2403 145 Request for oral hearing		
1201 86 2201 43 Independent claims in excess of 3		1451 1,510 1451 1,510 Petition to institute a public use proceeding		
1203 290 2203 145 Multiple dependent claim, if not paid		1452 110 2452 55 Petition to revive - unavoidable		
1204 86 2204 43 ** Reissue independent claims over original patent		1453 1,330 2453 665 Petition to revive - unintentional		
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent		1501 1,330 2501 665 Utility issue fee (or reissue) 665.00		
SUBTOTAL (2) (\$) 0.00		1502 480 2502 240 Design issue fee		
**or number previously paid, if greater; For Reissues, see above		1503 640 2503 320 Plant issue fee		
SUBMITTED BY		Other fee (specify) 8001; 1504 Printed copy of patent w/o color; Publication fee for early, voluntary, or normal publication 336.00		
Name (Print/Type) James Remenick		SUBTOTAL (3) (\$) 1,001.00		
Registration No. (Attorney/Agent) 36,902		(Complete if applicable)		
Telephone (703) 760-7700		Date July 22, 2004		
Signature				